

Case Number:	CM15-0173999		
Date Assigned:	09/15/2015	Date of Injury:	04/20/2012
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female, who sustained an industrial injury on 4-20-12. She reported right hip pain. The injured worker was diagnosed as having right thigh or hip tendinosis. Treatment to date has included medication. Physical examination finding on 7-28-15 included a contour deformity of the right hip with redundant soft tissue and what appeared to be a palpable fluid collection. Currently, the injured worker complains of pain in the right hip with difficulty walking secondary to pain. On 8-10-15 the treating physician requested authorization for a MRI of the right hip. On 8-24-15 the request was non-certified; the utilization review physician noted "there was a lack of documentation around the time of the patient's last MRI in 2012 to show that her symptoms are any different or to show that she has had a significant progression in her diagnosis that would support an additional MRI."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI for the Right Hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Hip and Pelvis, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis MRI.

Decision rationale: ODG states that MRI is an appropriate option to evaluate soft tissue structures of the hip as well as for avascular necrosis. The patient has been evaluated by a plastic surgeon who is contemplating surgery of a possible necrotic fat mass. An updated MRI of the right hip is desired in order to plan possible surgery. This request for a right hip MRI adheres to ODG and is medically necessary.